

EVENT #



SCTS Medical Information Form

Instructions: Please download this form. Fill it out and turn it in at packet pick-up.
(You will not receive your event packet until this form is filled out and turned in.)

To save yourself time at packet pick-up, it is suggested that you bring the completed form with you.

Participant Name: _____ Age: _____

Event Day Emergency Contact Info:

Name: _____ Phone: _____

Recent travel outside of the U.S.: (None) _____

CIRCLE ALL ITEMS THAT APPLY TO YOU

- | | | |
|---------------------|---------------------|------------------------|
| Angina (chest pain) | Heart attack | Irregular heart rhythm |
| Pacemaker | High blood pressure | Diabetes |
| Seizures | Bleeding disorder | Asthma |
| Anemia | Pregnancy | Heat exhaustion |
| Dehydration | Hyperventilation | Hypoglycemia |

Recent surgery/ hospitalization: _____

Allergies: _____

MEDICATIONS

List any medications (and dosages) you are currently taking:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |